**FEC** 

## **STATEMENT OF**

| FORM 1   | ORGANIZ                                     | ATION   |                 |                                 |
|--|---|---|-----------------|---------------------------------|
| 1 Oraw 1                                       | (See instruction                            | ons)  |                 | Office use only                 |
| NAME OF COMMITTEE (in                          | (Check if name is changed)                  | Example: If typying, type over the lines                              | 12FE4M5         |                                 |
| Treasure State                                 | PAC   |   |                 |                                 |
|  |   |   |                 |                                 |
| ADDRESS (number and                            | street) 3242 Cummins Way                    | <u>, , , , , , , , , , , , , , , , , , , </u>                         |                 |                                 |
| (Check if address                              |   |   |                 |                                 |
| X is changed)                                  | Missoula                                    |   | MT              | 59802   -                       |
|  |   | CITY  | STATE▲          | ZIP CODE ▲                      |
| COMMITTEE'S E-MA                               | L ADDRESS (Please provide only one e        | -mail address)  |                 |                                 |
| (Check if address X is changed)                | holly@campaignco                            | mpliance.net  |                 |                                 |
| io onaligouy                                   |   |   |                 |                                 |
| COMMITTEE'S WEB  (Check if address is changed) | PAGE ADDRESS (URL)                          |   |                 |                                 |
| 2. DATE 0.2                                    | / D D / Y Y Y Y Y Y Z 0 1 1                 |   | _               |                                 |
| 3. FEC IDENTIFICA                              | TION NUMBER                                 | C C00433680   |                 |                                 |
| 4. IS THIS STATEM                              | ENT X NEW (N) OR                            | AMENDED (A)   |                 |                                 |
| I certify that I have exami                    | ned this Statement and to the best of my kn | owledge and belief it is true, correc                                 | et and complete |                                 |
|  | Treasurer Mick McKeon                       |   |                 |                                 |
| Type or Print Name of                          | Treasurer                                   |   |                 |                                 |
| Signature of Treasurer                         | Electronically Filed by Mick McF            | Keon  | Date 0 2        | 07 2011                         |
| NOTE: Submission of fa                         | se, erroneous, or incomplete information ma | ay subject the person signing this                                    |                 |                                 |
| Office<br>Use<br>Only                          |   | For further informati<br>Federal Election Com<br>Toll Free 800-424-95 | mission         | FEC FORM 1<br>(Revised 02/2009) |

|    | FEC F                        | Form 1 (Revised 02/2009)  | Page 2                                |
|----|------------------------------|---|---------------------------------------|
| 5. | TYPE OF CO                   | OMMITTEE (Check One)  |                                       |
|    | Candidate C                  | Committee:  |                                       |
|    | (a)                          | This committee is a principal campaign committee. (Complete the candidate information below.)   |                                       |
|    | (b)                          | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)   | candidate                             |
|    | Name of<br>Candidate         |   |                                       |
|    | Candidate<br>Party Affiliati | ion Office Sought: House Senate President   | State District                        |
|    | (c)                          | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                                       |
|    | Name of<br>Candidate         |   |                                       |
|    | Party Comn                   |   |                                       |
|    | (d)                          |   | Democratic,<br>epublican,etc.) Party. |
|    | Political Act                | tion Committee (PAC):   |                                       |
|    | (e)                          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.  | organization is a:                    |
|    |                              | Corporation Corporation w/o Capital Stock Labor   | Organization                          |
|    |                              | Membership Organization Trade Association Coop  | perative                              |
|    |                              | In addition, this committee is a Lobbyist/Registrant PAC.   |                                       |
|    | (f) X                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee. (i.e., nonconnected committee)   | und or party                          |
|    |                              | In addition, this committee is a Lobbyist/Registrant PAC.   |                                       |
|    |                              | X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                                       |
|    | Joint Fundra                 | aising Representative:  |                                       |
|    | (g)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political                         |
|    | (h)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, none of which is an authorized committee of a federal candidate.    | nore political                        |
|    | Com                          | nmittees Participating in Joint Fundraiser  |                                       |
|    |                              | 1. FEC ID number C  |                                       |
|    |                              | 2. FEC ID number  |                                       |
|    |                              | 3. FEC ID number  |                                       |
|    |                              | EEC ID number C   |                                       |

| FEC Form 1 (Revised 0)         | 2/2009)  |                           |                 | Page 3                         |  |  |
|--------------------------------|--|---------------------------|-----------------|--------------------------------|--|--|
| Write or Type Committee Name   |  |                           |                 |                                |  |  |
| Treasure State PAC             |  |                           |                 |                                |  |  |
| 6. Name of Any Connected Or    | ganization, Affiliated Committee,  | Joint Fundraising Represe | ntative, or Lea | dership PAC Sponsor            |  |  |
| Jon Tester                     |  |                           |                 |                                |  |  |
| 1                              | 111111111  | <u> </u>                  |                 |                                |  |  |
| Mailing Address                | 709 Son Lane   |                           |                 |                                |  |  |
|                                |  |                           |                 |                                |  |  |
|                                | Big Sandy  |                           | MT              | 59520   _                      |  |  |
|                                | CITY▲  |                           | STATE A         | ZIP CODE                       |  |  |
| Relationship:                  |  |                           |                 |                                |  |  |
| Connected Organization         | Affiliated Committee   | Joint Fundraising Rep     | presentative    | X Leadership PAC Sponsor       |  |  |
| possession of Committee        | 2040 Cummino Way   |                           |                 |                                |  |  |
|                                | Missoula   |                           | MT_             | 59802                          |  |  |
| Title or Position ♥ Asst. Trea | CITY A   | Telephone nur             | STATE A         | ZIP CODE <b>à</b> - 498 - 7123 |  |  |
|                                |  | т верноне наг             | nibei <u> </u>  |                                |  |  |
|                                | <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). |                           |                 |                                |  |  |
| Full Name of Treasurer Mick N  | McKeon   |                           |                 |                                |  |  |
| Mailing Address                | PO Box 3329  |                           |                 |                                |  |  |
|                                | Butte  |                           | <u>MT</u>       | 59701                          |  |  |
| Title or Position ♥            | CITY   |                           | STATE           | ZIP CODE A                     |  |  |
| Treasurer                      | •  | Telephone nui             | <b>202</b> mber | _ 489 _ 3024                   |  |  |

| Full Name of Designated Agent   |  |                      |  |  |  |  |
|---|--|----------------------|--|--|--|--|
| Mailing Address   |  |                      |  |  |  |  |
| Title or Position ♥ CITY ▲  |  |                      |  |  |  |  |
|   | Telephone number                       |                      |  |  |  |  |
| Banks or Other Depositories: List all banks or other depositories in safety deposit boxes or maintains funds.  Name of Bank, Depository, etc. | which the committee deposits funds, ho | olds accounts, rents |  |  |  |  |
| PNC   |  |                      |  |  |  |  |
| Mailing Address  650 Pennsylvania Ave SE  |  |                      |  |  |  |  |
|   |  |                      |  |  |  |  |
| Washington  | DC L                                   | 20003                |  |  |  |  |
| CITY 🗻  | STATE 4                                | ZIP CODE 🛕           |  |  |  |  |
| Name of Bank, Depository, etc.  |  |                      |  |  |  |  |
| First Interstate Bank   |  |                      |  |  |  |  |
| Mailing Address 101 E. Front  |  |                      |  |  |  |  |
| PO Box 4667   |  |                      |  |  |  |  |
| Missoula  | <b>MT</b>                              | 59802   _            |  |  |  |  |
|   |  |                      |  |  |  |  |